

**FIRST STEPS PRIOR NOTICE****Form 15**\_\_\_\_\_  
(date)\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
  
Dear \_\_\_\_\_:  
(Parent or Guardian)

I am writing about the services your child receives through First Steps. I would like to tell you about the following:

**A Meeting**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Purpose of Meeting: \_\_\_\_\_  
\_\_\_\_\_**A Change in Services(s)**

Current Services

Service Change

Proposed Effective Date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Termination from the Program**

Proposed Effective Date \_\_\_\_\_

The reason(s) for termination or the change(s) specified above are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If we have not spoken previously, I will contact you to discuss the actions proposed above and any questions or objections you may have. A copy of your "Statement of Assurances", (Procedural Safeguards) is enclosed. Feel free to call me at \_\_\_\_\_ to discuss anything that you do not understand.  
(phone number)

Sincerely,

Service Coordinator

*Written prior notice must be obtained before proposing or refusing to initiate or change the identification, evaluation, or placement of a child or the provision of appropriate early intervention services (34 CFR 303.403).*